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| <i>Index of Claims</i>  | Application/Control No. 10563953 | Applicant(s)/Patent Under Reexamination SINIVAARA ET AL. |
| | Examiner HUY Q PHAN | Art Unit 2617 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | <input type="checkbox"/> CPA | | | <input type="checkbox"/> T.D. | | | <input type="checkbox"/> R.1.47 | | |
|--|----------|------------|------------------------------|--|--|-------------------------------|--|--|---------------------------------|--|--|
| CLAIM | | DATE | | | | | | | | | |
| Final | Original | 01/05/2010 | | | | | | | | | |
| | 1 | ✓ | | | | | | | | | |
| | 2 | - | | | | | | | | | |
| | 3 | - | | | | | | | | | |
| | 4 | ✓ | | | | | | | | | |
| | 5 | - | | | | | | | | | |
| | 6 | ✓ | | | | | | | | | |
| | 7 | ✓ | | | | | | | | | |
| | 8 | - | | | | | | | | | |
| | 9 | ✓ | | | | | | | | | |
| | 10 | - | | | | | | | | | |
| | 11 | - | | | | | | | | | |
| | 12 | - | | | | | | | | | |
| | 13 | ✓ | | | | | | | | | |
| | 14 | ✓ | | | | | | | | | |
| | 15 | = | | | | | | | | | |
| | 16 | = | | | | | | | | | |
| | 17 | - | | | | | | | | | |
| | 18 | = | | | | | | | | | |
| | 19 | = | | | | | | | | | |
| | 20 | - | | | | | | | | | |
| | 21 | - | | | | | | | | | |
| | 22 | ✓ | | | | | | | | | |
| | 23 | ✓ | | | | | | | | | |
| | 24 | ✓ | | | | | | | | | |
| | 25 | - | | | | | | | | | |
| | 26 | - | | | | | | | | | |
| | 27 | - | | | | | | | | | |
| | 28 | - | | | | | | | | | |
| | 29 | - | | | | | | | | | |
| | 30 | - | | | | | | | | | |
| | 31 | = | | | | | | | | | |
| | 32 | = | | | | | | | | | |
| | 33 | = | | | | | | | | | |
| | 34 | = | | | | | | | | | |
| | 35 | ✓ | | | | | | | | | |
| | 36 | ✓ | | | | | | | | | |

| | | |
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| CLAIM | | DATE | | | | | | | |
| Final | Original | 01/05/2010 | | | | | | | |
| | 37 | - | | | | | | | |